

SUGGESTION EVALUATION

For use of this form, see AR 5-17; the proponent agency is AASA.

TO: (Include ZIP Code)**FROM:** (Include ZIP Code)

1. SUGGESTION TITLE

2. SUGGESTION NUMBER

3. **ACTION TAKEN OR RECOMMENDED**

- ☐ a. APPROVED FOR ADOPTION ☐ TOTALLY ☐ PARTIALLY OR WITH MODIFICATION (Explain in Item 4.)
DATE SUGGESTION WAS OR WILL BE PUT INTO EFFECT: ☐ ALSO RECOMMEND CONSIDERATION FOR WIDER APPLICATION AS INDICATED IN ITEM 4.
- ☐ b. ALREADY IN USE OR UNDER CONSIDERATION (Explain in Item 4, indicating whether this suggestion contributed to the action in any way.)
- ☐ c. NOT APPROVED FOR ADOPTION FOR REASONS SHOWN IN ITEM 4.
- ☐ d. RECOMMEND ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE. (Explain in Item 4.)
- ☐ e. OTHER (Specify in Item 4.)

4. REASONS FOR ACTION TAKEN OR RECOMMENDED. Include a statement as to how the suggestion was or will be implemented if it is adopted. (If more space is needed, continue on reverse.)

5. **BENEFITS** (Complete for all suggestions adopted or recommended for adoption.)a. ☐ TANGIBLE (Show actual or estimated dollar savings, including the cost of conversion and first year savings.)

(1) FACTORS	LABOR			MATERIEL			TOTAL COST OF LABOR AND MATERIEL
	MANHOUR S	COST PER MANHOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METHOD							
NEW METHOD							
TOTAL DOLLAR BENEFITS							

(2) COST OF CONVERTING TO NEW METHOD:

LABOR \$ _____
MATERIEL \$ _____
TOTAL \$ _____ ☐ ACTUAL ☐ ESTIMATED

(3) TOTAL FIRST YEAR NET DOLLAR BENEFITS (Labor and materiel savings less cost of conversion.)

\$ _____ - \$ _____ = \$ _____

b. ☐ INTANGIBLE (Describe effect on operations, health, safety, welfare, or morale; and number of people and specific organizations affected. Based on criteria in paragraph 2-8, AR 672-20, indicate the value of the benefit and the extent of application.)

(1) VALUE OF BENEFIT IS:

☐ MODERATE ☐ SUBSTANTIAL
☐ HIGH ☐ EXCEPTIONAL

(2) EXTENT OF APPLICATION:

☐ LIMITED ☐ EXTENDED
☐ BROAD ☐ GENERAL

(3) EXPLAIN THE FACTORS SELECTED IN (1) AND (2). INDICATE AMOUNT OF AWARD RECOMMENDED FOR INTANGIBLE BENEFITS.

6. DATE

7. NAME, TITLE & TELEPHONE EXTENSION OF
EVALUATOR

8. SIGNATURE & TITLE OF RESPONSIBLE OFFICIAL

